

Lesson Objectives

Transitional Benefits

After this lesson, you should be able to:

- Describe who is eligible for Transitional Health Care coverage
- Explain the purpose of the Transitional Assistance Management Program (TAMP)
- State who can be covered under the Continued Health Care Benefit Program (CHCBP)
- Explain the purpose of a Certificate of Creditable Coverage



TRICARE Transitional Benefits

The transition between military and civilian life can be challenging. The Military Health System assists active duty service members (ADSM), and their families, in making the transition from military to civilian health care easy as possible.

Certain eligible beneficiaries and their families are offered continued health care coverage through two programs:

- **The Transitional Assistance Management Program (TAMP);**
- **The Continued Health Care Benefit Program (CHCBP).**

Military retirees are not eligible for TAMP or CHCBP since they don't lose their TRICARE entitlement, however, ADSMs, their family members and retiree family members who lose TRICARE eligibility for other reason may qualify for transitional healthcare benefits.



Transitional Assistance Management Program

The Transitional Assistance Management Program (TAMP) provides health care coverage upon separation from the Service to certain uniformed services members and their eligible family members.

The intent is to provide coverage for the beneficiaries until they are able to obtain other health care coverage for themselves and their families.



TAMP Eligibility for Service Members

A Uniformed Services member is considered Transitional Assistance Management Program eligible if he/she is:

- A member who is involuntarily separated from active duty.
- A Reserve Component (RC) member (including National Guard and Reserve) who was ordered to active duty for more than 30 consecutive days in support of a contingency operation.
- A member who is separated from active duty after being involuntarily retained (Stop-Loss) in support of a contingency operation.
- A member separated from active duty following a voluntary agreement to stay on active duty for less than 1 year in support of a contingency mission.



TAMP: Eligibility for Family Members

If the service member is eligible for transitional benefits, they and their eligible family members will receive a total of 180 days of **Transitional Assistance Management Program** coverage.

- This 180 day period begins the day after their active duty coverage benefit ends, so the transition is seamless.
- Family member must show as eligible in the Defense Enrollment Eligibility Reporting System.

The TAMP benefits do not include dental care for family members.

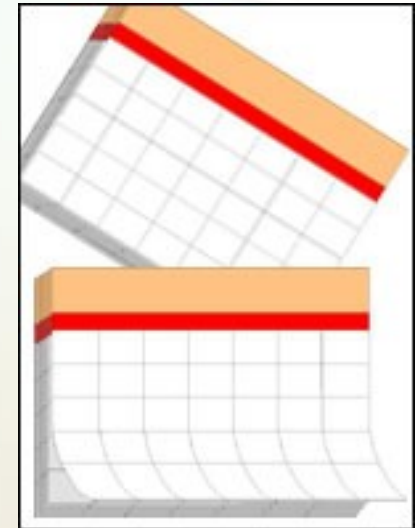
- Active duty and Selected Reserve family members are eligible for Dental Benefits through the voluntary, TRICARE Dental Program before, during, and after the member separates from active duty (as long as the member is in the Selected Reserve).
- Dental premiums are adjusted according to the status of the member. Contact the TRICARE Dental contractor for more information.



Transitional Assistance Management Program: Coverage

Transitional Assistance Management Program (TAMP) coverage is equal to **TRICARE Standard/Extra.**

- Service members and their family members who were enrolled in TRICARE Prime while the sponsor was on active duty are automatically disenrolled from Prime following separation from active duty.
- **They must re-enroll if they wish to continue Prime coverage.**



Under TAMP, beneficiaries are no eligible for coverage under TRICARE Prime Remote as they are no longer on active duty.



Continued Health Care Benefit Program (CHCBP)

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program that offers temporary transitional health coverage (18-36 months) after TRICARE eligibility ends.

- If one you qualifies for CHCBP, he/she can purchase CHCBP within 60 days of loss of eligibility for either regular TRICARE or Transitional Assistance Management Program (TAMP) coverage.**



CHCBP: Eligibility

The Continuing Health Care Benefits Program (CHCBP) is available, under certain circumstances, to the following:

- **Former active duty service members** released from active duty (under other than adverse conditions) and their eligible family members.

- *Coverage is limited to 18 months.*

- **Unremarried former spouses** who were eligible for TRICARE on the day before the date of the final decree of divorce, dissolution or annulment and are not eligible for TRICARE as a former spouse of a member or former member.

- *Coverage is usually limited to 36 months however some unremarried former spouses may continue coverage beyond 36 months if they meet certain criteria. Contact the CBHCP contractor for details.*

- **Children** who no longer meet the requirements to be an eligible family member but were eligible for TRICARE on the day before the ceased meeting those requirements.

- *Coverage is limited to 36 months.*



CHCBP: Eligibility, continued

Certain unmarried children by adoption or legal custody.

- *Coverage is limited to 36 months.*
- These child must have been placed in the legal custody of a member or former member as a result of a court order or adoption agency; and
 - Are under 21; OR
 - Are under 23 and are full-time students at institutions of higher learning; OR
 - Are incapable of self-support because of a mental or physical incapacity. This incapacity must have occurred while the person was considered a family member of the member/former member; and
 - Are dependent on the member/former member for over one-half of their support; and
 - Live with the member/former member (unless separated because of military service or to receive institutional care as a result of a disability or incapacitation); and
 - Are not family members of members/former members under any other circumstance.



Continuing Health Care Benefits Program (CHCBP): Enrollment

Application

Eligible beneficiaries must enroll in the Continuing Health Care Benefits Program (CHCBP) **within 60 days** after losing their military health care benefits (including TAMP).

- Exception: TRICARE Reserve Select (TRS) beneficiaries must enroll in CHCBP within 30 days after loss of TRS coverage.

To enroll in the CHCBP, an eligible individual must submit a CHCBP enrollment application to the CHCBP contractor (currently Humana Military Healthcare Services)

- The application form is **DD Form 2837, Continued Health Care Benefit Program (CHCBP) Application**.
- The form can be downloaded from:
http://www.tricare.mil/mybenefit/Download/Forms/CHCBP_enrollmentform.pdf

Payment

The application must include premium payments for the first quarter (three months) of coverage. The quarterly premium are currently:

- \$933 for one person
- \$1,996 for family coverage for three months.
- The exact cost is shown on the application form and is also available from the CHCBP contractor.



CHCBP: Coverage

The Continuing Health Care Benefits Program (CHCBP) uses existing TRICARE authorized providers and follows most of the rules and procedures of the TRICARE **Standard/Extra programs.**

CHCBP eligible beneficiaries are not eligible for TRICARE Prime.

Period of Coverage

The period of coverage under the CHCBP is limited and varies based on the individuals classification.

18 month limit: Members discharged or released from active duty or full-time National Guard duty.

36 month limit:

- Unmarried dependent children
- Unremarried former spouses
- Family members placed in the legal custody of a member or former member.



CHCBP: Humana

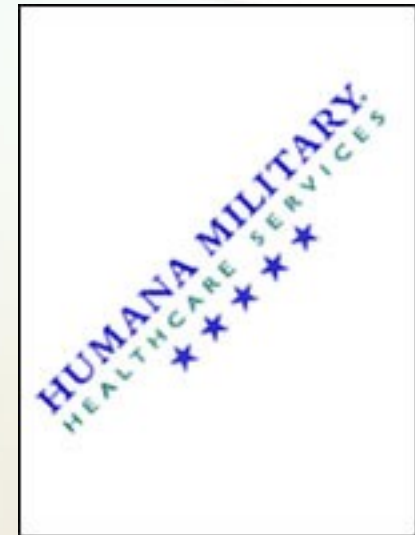
Though the Continuing Health Care Benefits Program (CHCBP) is a Department of Defense (DoD) sponsored program, it is currently administered by Humana Military Healthcare Services (HMHS).

HMHS is responsible for:

- Verification of eligibility
- Collection of health plan premiums
- Processing enrollment into CHCBP
- Disenrolling members if eligibility expires or premiums are not paid

Contact information:

Humana Military Healthcare Services
Attn: CHCBP
PO Box 740072
Louisville, KY, 40201
1-800-444-5445, option 4
www.humana-military.com



Certificate of Creditable Coverage

Health insurance plans often deny coverage for pre-existing conditions. **A Certificate of Creditable Coverage** serves as evidence of prior health care coverage and can help reduce or eliminate medical pre-existing condition waiting periods found under typical civilian health plans.

- Retirees do not get certificates of creditable coverage as they remain eligible for the TRICARE entitlement.

The Defense Manpower Data Center (DMDC) issues Certificate of Creditable Coverage to beneficiaries within 14 days of their loss of TRICARE eligibility, to include disenrollment from the Transitional Assistance Management Program and the Continuing Healthcare Coverage Benefits Program (CHCBP)

Beneficiaries can contact the DMDC if they do not receive a copy of their certificate of creditable coverage.



Summary

Congratulations, you've finished Transitional Benefits!

You should now be able to:

- Describe who is eligible for Transitional Health Care Benefits
- Explain the purpose of the Transitional Assistance Management Program (TAMP) and who is eligible for it
- State who can be covered under the Continued Health Care Benefit Program (CHCBP)
- Explain the purpose of a Certificate of Creditable Coverage

